

DEC 09 2004

FAX TRANSMITTAL COVER SHEET

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FROM: Michael W. Piper

DATE: December 9, 2004

RE: U.S. Patent Application Serial No. 09/772,548
Filing Date: January 30, 2001
Atty Docket IDF 1538 (4000-01800)
Terminal Disclaimer (1 page)
Fee Transmittal (1 page)
Response to Office Action dated September 9, 2004 (8 pages)
Transmittal Cover Sheet (1 page)

Total Number of Pages (Including Cover Page): 12

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/772,548
		Filing Date	January 30, 2001
		First Named Inventor	Andrew Ahmad
		Group Art Unit	2154
		Examiner Name	Siddiqi, Mohammad A.
Total Number of Pages in This Submission	12	Attorney Docket Number	IDF 1538 (4000-01800)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> • Fax Cover Transmittal
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Or Individual Name	Michael W. Piper, Reg. No. 39,800
Signature	<i>Michael W. Piper</i>
Date	12/9/2004
CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being facsimile transmitted to 703.872.9306, Mail Stop Amendment, Commissioner of Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or Printed Name	Karen A. Harris
Signature	<i>Karen A. Harris</i>
Date	December 9, 2004

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PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/772,548
		Filing Date	January 30, 2001
		First Named Inventor	Andrew Ahmad
		Examiner Name	Siddiqi, Mohammad A.
		Art Unit	2154
TOTAL AMOUNT OF PAYMENT		(\$ 130.00)	
		Attorney Docket No.	IDF 1538 (4000-01800)

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25					
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
- 20 or HP = _____	x	_____	=	Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
- 3 or HP = _____	x	_____	=				
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 = _____	/ 50 = _____	(round up to a whole number)	x	_____	=	_____	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)					Fees Paid (\$)		
Other: 1814 Terminal Disclaimer					_____		
					130.00		

SUBMITTED BY			
Signature	<u>Michael W. Piper</u>	Registration No. 39,800 (Attorney/Agent)	Telephone (972) 731-2288
Name (Print/Type)	Michael W. Piper	Date	<u>12/9/2004</u>

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